24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00492116
Check If 24-hour report 48-hour report New report Amends report	t filed on 10 29 2012
Full Name (Last, First, Middle Initial) of Payee Chris Jones Consulting	Date
Mailing Address 3245 Granite Creek PI	10 29 2012 Amount
City State Zip Code Newcastle CA 95658	17583.00 Transaction ID : WFT20129291816-1
Purpose of Expenditure Mailing Category/ Type	Office Sought: House State: CA Senate District: 36
Name of Federal Candidate Supported or Opposed by Expenditure: Mack Bono Mary	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date M M M / D D / Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	17583.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	17583.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kirk Alan Pessner [Electronically Filed] Date	01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	